in mother and child approach each other closely, although a difference of 1 per cent in favor of the fetus is generally found. Factors not clearly known keep up osmotic change between the circulation of the mother and child and water passes through the placenta equally well in either direction.

GYNECOLOGY

UNDER THE CHARGE OF

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Vaginal Cysts.—The clinical importance of vaginal cysts is not extensive, neither are they of extreme rarity: their interest lies chiefly in their origin, for which there are several possibilities. In presenting this subject STRONG (*Am. Jour. Obst. and Gynec.*, 1921, i, 357) reminds us that traumatism or operative enclosure may result in a cyst without characteristic features. More interesting are heterotopic vestibular or cervical glands which may give rise to cysts of the lower or upper vagina. Apart from such misplacement of the glands it must be noted that the squamosa of the vagina may, through faulty development, be replaced by columnar epithelium and this may give rise to glandular structures which may become cystic. Vaginal cysts from such an origin are liable to be small, multiple, with a low columnar epithelium which may be in true papillæ. The most interesting form of cysts, is that derived from the Wolffian or Gärtner's duct, and this type may be of considerable size. It is interesting in point of size, in point of complexity of form, and in its predilection site, but apart from these considerations it must be admitted that origin from the Wolffian duct is largely inferential and that there is no determining characteristic. There are three sites of predilection of vaginal cysts, namely, the epoöphoron, the ampulla and the lowest portion of the vagina inclusive of hymen. Abnormalities in form and course of the ducts occur. The epithelium is so variable and individual that one can hardly speak of true abnormalities, and squamous epithelium has been found in adults. Cysts are the commonest variations from the persisting duct and occur in various sites. Finally adenocarcinoma and adenomyoma may be formed from rests.

Gehrung Pessary for Cystocele.—The advantages and method of use of the Gehrung pessary in the relief of cystocele has been emphasized by ILL (*Am. Jour. Obst. and Gynec.*, 1921, i, 338) who reminds us that the pessary consists of the Hodge instrument bent on itself so as to

form a double horseshoe, one lever being a little shorter than the other. Its object is to hold up the anterior wall of the vagina and, with it, the bladder. The position of the pessary is such that the smaller horseshoe or lever will be placed anterior and below the cervix, while the larger one will be just above the neck of the bladder. The junction of the two horseshoes will remain in both lateral fornices. To fit well the pessary should be freely movable and not felt by the patient on walking or sitting down. In fact she should not be conscious of wearing the instrument except that she is comfortable, that she has lost the dragging sensation and the irritable bladder. The introduction of the instrument is rather difficult to describe. The pessary is held between the thumb and the fingers of the right hand by the rounded end of the horseshoe, the smaller one being forward. The connection between the horseshoe to the patient's left is introduced first and then with a rotary motion of 180 degrees the whole pessary is slipped into the vagina where another rotation of 180 degrees will put it in place. Care should be taken that neither horseshoe slips behind the cervix in which case it will have to be removed and reintroduced, for the cervix will form a bar over which the pessary cannot be slipped. It goes without saying that experience and trial can only determine the proper size of the instrument to be used for each case. It is better to start with a small-sized pessary and allow the patient to walk about the office as a test, than to use a large instrument which may produce pain and injury. Ill states that those who will take the trouble and patience to master it will find great satisfaction for themselves and secure immeasurable relief for their patients. The great objection to the pessary is that while the patient can remove it she cannot replace it, Gehrung to the contrary notwithstanding.

Roentgen Treatment of Uterine Hemorrhage.—KINNEY (*Calif. St. Jour. Med.*, 1921, xix, 76) very wisely remarks that uterine hemorrhage is a presenting symptom, never a diagnosis, and the underlying pathology must be ascertained before any intelligent treatment can be instituted. In approaching a case of prolonged atypical hemorrhage one must eliminate, first, the accidents and incidents of pregnancy, second, pelvic infection, and third, malignancy. Having ruled out this triad, practically every case of uterine hemorrhage can be controlled by roentgenotherapy. However, efficient roentgen-ray treatment involves the establishment of the menopause and sterility and, therefore, the roentgen-ray will only be called into use after the general physical and mechanical conditions have been ruled out or properly treated. There are cases on record where the ovaries have been protected during roentgen-ray treatment and normal menstruation and normal pregnancy have followed a clinical cure. However, the danger of the complete arrest of menstruation limits the roentgen-ray treatment of uterine hemorrhage to those conditions where the establishment of the menopause is justifiable. Kinney has found roentgenotherapy efficient and suitable in the following types of cases: (1) In patients that have atypical bleeding from a grossly normal uterus nearing the menopause or as incident of the menopause the hemorrhage can be controlled and the menopause established in practically 100 per cent of cases. (2) In uterine hemorrhage from small fibroids at or near the menopause the

arrest of the bleeding and establishment of the menopause are certain, and the fibroid will disappear or decrease in size and become symptomless. (3) Patients that are poor surgical risks with uterine hemorrhage from any type of fibroid can be relieved from their symptoms of hemorrhage quickly and effectually by roentgen-ray. (4) There are certain cases where uterine hemorrhage and dysmenorrhea are so destroying to the patient's emotional and mental balance or so undermining her physical condition that a menopause is justifiable, and where it is justifiable it can be secured easily and certainly with roentgenotherapy. On the other hand, roentgenotherapy is contra-indicated where the establishment of a menopause is not justifiable, and is contra-indicated in the treatment of uterine hemorrhage where that hemorrhage is a symptom of an urgently surgical condition. Uterine hemorrhage in adolescence can be readily controlled without danger by radium and it is not justifiable to assume the risk of the menopause except where radium is not obtainable or in extreme cases. In the hemorrhage of uterine fibroids in young women the patients should be given a chance of a myomectomy if possible rather than hazard their expectancy of motherhood. Uterine hemorrhage accompanying a submucous of sloughing fibroid is the presenting symptom of a distinctly surgical condition and should only be treated as such. The treatment of large fibroids with symptoms of pressure can be successfully carried out with roentgen-ray and is justifiable in those cases presenting serious surgical contra-indications. But whether the roentgen treatment of large fibroids in patients that are good surgical risks is justifiable is still an open question. Kinney does not believe that it is justifiable and considers that the extirpation should be strongly advised for every patient having a large fibroid or with definite pressure symptoms. Furthermore, uterine hemorrhage with malignancy is an indication for either radium or surgery, and one must be constantly on guard to see that these cases have their radium or their surgery at the earliest possible moment. The foregoing statements and opinions are as fair and unbiassed as any we have ever known to come from a roentgenologist.

Primary Pelvic Lymphadenitis.—Although no little study has been given to the lymphatic glands of the pelvis from both the anatomical and the clinical standpoint, such investigations have been practically limited to the consideration of these glands in malignant disease of the uterus or other pelvic organs. The possibility of non-malignant disease of these glands, as well as that of primary malignant, lymphatic disease seems to have been overlooked. The occurrence of 3 cases of enlargement of the pelvic glands giving rose to striking clinical manifestations during a two months' service had led WILLIAMS (*Boston Med. and Surg. Jour.*, 1921, clxxxiv, 194) to believe that pelvic masses consisting of such glandular enlargement must be of not infrequent occurrence although but seldom recognized. The term primary disease of the pelvic lymphatic glands is, perhaps, somewhat inaccurate inasmuch as, with the sole exception of lymphosarcoma or Hodgkin's disease, involvement of any part of the lymphatic tract must be secondary to a process in some other organ or tissue. He has selected the title, however, to differentiate those cases in which the enlargement of the glands in itself gives rise to important clinical manifestations, from those in